

LENDER: homesense financial corp. of Alabama

BORROWER: GEORGE MCCARLEY

Ex. 15

PROPERTY: 211 CHESTNUT ST, Roanoke, AL 36274

LOAN NO.: 416762215

TAX AND HAZARD INSURANCE RECORD

(This form must be typed)

TAXING AUTHORITY	TAX INFORMATION
State and County	
Payable To:	Exemptions:
Address:	<input type="checkbox"/> Improved <input type="checkbox"/> Unimproved <input type="checkbox"/> Taxes Estimated
City: State: ZIP:	Annual Tax: \$
Telephone:	Monthly Escrow Amount: \$
Tax ID/Parcel/TMS/Account No.:	Taxes Paid Through:
Tax Description:	Amount of Taxes Last Paid: \$
Map: Block: Lot:	Next Due Date:
Township: Subdivision:	Billing Cycle: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Exemptions:	Discount/Penalty Dates:
City	
Payable To:	Exemptions:
Address:	<input type="checkbox"/> Improved <input type="checkbox"/> Unimproved <input type="checkbox"/> Taxes Estimated
City: State: ZIP:	Annual Tax: \$
Telephone:	Monthly Escrow Amount: \$
Tax ID/Parcel/TMS/Account No.:	Taxes Paid Through:
Tax Description:	Amount of Taxes Last Paid: \$
Map: Block: Lot:	Next Due Date:
Township: Subdivision:	Billing Cycle: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Exemptions:	Discount/Penalty Dates:
School	
Payable To:	Exemptions:
Address:	<input type="checkbox"/> Improved <input type="checkbox"/> Unimproved <input type="checkbox"/> Taxes Estimated
City: State: ZIP:	Annual Tax: \$
Telephone:	Monthly Escrow Amount: \$
Tax ID/Parcel/TMS/Account No.:	Taxes Paid Through:
Tax Description:	Amount of Taxes Last Paid: \$
Map: Block: Lot:	Next Due Date:
Township: Subdivision:	Billing Cycle: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Exemptions:	Discount/Penalty Dates:

Tax and Hazard Insurance Record (Multistate)

THE COMPLIANCE SOURCE, INC.
 To Order Call: (972) 980-2178 • Fax (972) 392-2891
 www.compliancesource.com



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Assessments/ Ground Rent Owner/ Homeowner's Association		
Payable To:		
Address:		Improved Unimproved Taxes Estimated
City:	State: ZIP:	Annual Tax: \$
Telephone:		Monthly Escrow Amount: \$
Tax ID/Parcel/TMS/Account No.:		Taxes Paid Through:
Tax Description:		Amount of Taxes Last Paid: \$
Map:	Block: Lot:	Next Due Date:
Township:	Subdivision:	Billing Cycle: Quarterly Semi-Annually Annually
Exemptions:		Discount/Penalty Dates:
Hazard Insurance Information		
Name of Insurance Company: NORTH AMERICAN		
Insurance Agent's Name:		Policy No.:
Address: 9 WOODBERRY WAY		Annual Premium: \$
City: Greenville State: SC ZIP: 29608		Monthly Escrow Amount: \$
Telephone:		Next Due Date:

INSTRUCTIONS FOR COMPLETION OF TAX RECORD

1. Tax bills are prepared from the information on this form. All applicable information must be fully completed.
2. Do not show special assessments unless they are to be paid from the escrow amount. No escrow is to be set-up for the payment of assessments without the prior written approval of the lender.
3. The city taxing authority should be shown only if the city taxes are to be paid.
4. The tax description must be shown exactly as shown on the tax records.
5. Annual Amount: Amounts specified above are based upon the improved value of the Property (and without exemption(s) if the exemption(s) will no longer apply). If the Property is new construction or subject to an exemption that will no longer apply, please indicate taxes are estimates. Attach copies of all paid tax certificates and/or tax receipts.

Settlement Agent:

TITLE SOURCE INC.

By: _____

Its: _____

Tax and Hazard Insurance Record (Multistate)

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06101M1C 11/97 Rev. 07/99

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